

STATE OF MONTANA
Developmental Disabilities Program
1037 Supports for Community Working and Living Referral File Checklist
DO NOT SUBMIT COMPLETED FORM/DOCUMENT UNTIL A SELECTION DATE HAS BEEN PROVIDED

Consumer:	Click here to enter text.	Date:	Click here to enter text.
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Case Manager:	Click here to enter text.	Selection Specialist:	Click here to enter text.
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REFERRAL REQUIREMENTS (please initial to verify documentation is present/attached)

CM	WSS	Required Documentation
Click here to enter text.	Click here to enter text.	Waitlist Entry/Change Form
Click here to enter text.	Click here to enter text.	MONA AND Estimated Cost Plan (if the Mona isn't an accurate reflection of the individual's needs) or ICP
Click here to enter text.	Click here to enter text.	Psychological Report (If Available)
Click here to enter text.	Click here to enter text.	IEP (if applicable)
Click here to enter text.	Click here to enter text.	Social History
Click here to enter text.	Click here to enter text.	Skill's Assessment
Click here to enter text.	Click here to enter text.	Annual Health Care Checklist and Risk Worksheet (If Available)
Click here to enter text.	Click here to enter text.	Evidence of employment interest (If applicable) <ul style="list-style-type: none"> ❖ IEP/Plan of Care goals specific to employment ❖ Letter from CM or other non-family member verifying past work, volunteer or internship experience ❖ Copy of submitted application to VR or eligibility decision letter from VR ❖ Current Pay stub

Bolded items are required

Do Not Write Below This Line

1. Work experience

0 No evidence of work experience documented.

Score
here

1 Evidence of past work experience, internship, volunteer work, IEP or plan of care goals.

2 Evidence of application with Vocational Rehabilitation

3 Evidence of current employment

Rationale:**2. Is this person at least 16 and still in high school?**

0 No

Score
here

2 Yes

Rationale:**3. Time on waiting list (as evidenced on Master Waiting List)**

0 Person has been referred less than one year

Score
here

1 Person has been referred less than three years but greater than one year

2 Person has been referred longer than three years

Date of (as evidenced on Master Waiting List)
referral**Rationale:**

Total Score

When screening individuals with equal maximum scores, final selection will be made by a random draw.